

**PERSONAL INFORMATION**  
**ESTATE PLANNING**

In the estate planning process, there are three primary questions:

- What do you own?
- Whom do you want to have inherit it?
- Whom do you want to have handle things when you are no longer here?

This questionnaire gathers information about the last two questions. If you need more space use additional sheets of paper.

This questionnaire is not designed to cover every conceivable situation. The questionnaire may need to be supplemented with additional information. However, if you complete this form prior to meeting with your attorney or estate planner, you should find that you have made more efficient use of your expensive professional.

This questionnaire does not deal with issues that might be involved with planning for a disability you may suffer during your lifetime. You may want to raise any concerns you have about planning for disability with your attorney or estate planner at the time you meet with that professional.

Name:	Home Phone:
Address:	Work Phone:
	Other:

Full names as you want them in your will or trust:

Names	Dates of Birth
Your Name:	
Spouse's Name:	
Children:	

Other names you or your family members use or used: \_\_\_\_\_  
 \_\_\_\_\_

Is anyone not a U.S. citizen? \_\_\_\_\_

Are you divorced?     Yes             No

Are any of your children from a prior marriage or relationship?

Do you have any agreements with your spouse such as a prenuptial agreement? (If yes, please bring to our first meeting)

Do you have a will or trust now? (If yes, please bring a copy to our first meeting)

Any special needs of family members? \_\_\_\_\_

What is your primary motivation here?

Who do you want to get what when you die?:

If any of these people do not survive you, what do you want to happen?

If these people also do not survive you, what do you want to happen?

If your children are minors, at what age or ages do you want them to get their inheritance?


Who do you want to be the personal representative of your estate?:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Who do you want to handle the children's money?:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Who do you want to raise the children?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

If you have savings or stock accounts for the children now, who do you want to be the named adult on those accounts if you are no longer here?:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Do you want to list things that have sentimental value that you may leave to several different people?:       Yes       No

Are you interested in a trust that you would establish during your lifetime?  Yes     No

Who do you want to make health care decisions for you if you cannot do so for yourself any longer?

First Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Any other concerns or questions?: